

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43638

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **ST. LOUIS** (d) Street No. **6926 Bruno** Registered No. **11888**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**FRANCES V. SULLIVAN**  
 (a) Residence, No. **6926 BRUNO AVE** St. **4**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOW**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John SULLIVAN**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **OCT. 3<sup>RD</sup>. 1865**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**72 2 21**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **HOUSEWIFE**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **LOCKPORT ILL.**

13. NAME **MICHAEL YOUNG**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

15. MAIDEN NAME **CAROLINE SEILER**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

17. INFORMANT (ADDRESS) **CHRIST HOELMANN 6926 Bruno St.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **CALVARY** DATE **12-27-1937**

19. FUNERAL DIRECTOR (ADDRESS) **JAY B. SMITH FLORAL HOME 7206 MANCHESTER, MAPLEWOOD MO.**

20. **DEC 26 1937** **J. M. Brudick** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **DEC. 24** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 6** 19**37**, to **Dec. 24** 19**37**

I last saw him alive on **Dec. 24** 19**37**. Death is said to have occurred on the date stated above, at **7:30 a.m.**  
 The principal cause of death and related causes of importance were as follows:

**Cerebral Hemorrhage**

Date of onset **Dec. 6, 1937**

Other contributory causes of importance:

**hypertension**  
**Chronic kidney condition**

**Both Long Duration**

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....  
 (Signed) **Forster A. Dill**, M. D.

(Address) **7324 Manchester Maplewood, Mo.**

STATEMENT BY LICENSED EMBALMER

I, John Fetter, Licensed Embalmer No. 3880  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

John Fetter

Licensed Embalmer No. 3880

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**